

**Read this information first**Do **not** send any payment with Form RC-6-A. Keep a copy of your completed Form RC-6-A for your records.**Step 1: Identify your business**

Station no. 067

- 1 Illinois Business Tax number (IBT no.): _____ - _____
- 2 License no.: **U** _____
- 3 Business name: _____
- 4 Business address: _____
Number and street
- City _____ State _____ ZIP _____
- 5 For what tax period are you filing this return?
_____/_____/_____
Month Year
- 6 ☐ Check here if your address has changed.
- 7 Is this a final return? ☐ yes ☐ no
"Final" indicates you will no longer conduct business.

Step 2: Report your cigarette stock

- | | Number of cigarettes |
|---|------------------------|
| 8 Total purchase of Illinois stamped cigarettes from another licensed distributor (from Schedule CC) | 8 _____, _____, _____ |
| 9 Total of Illinois stamped cigarettes returned to manufacturers | 9 _____, _____, _____ |
| 10 Total of other deductions (from Schedule CH) | 10 _____, _____, _____ |
| 11 Total of unstamped/non-Illinois stamped cigarettes shipped into Illinois (from Schedule CK) | 11 _____, _____, _____ |
| 12 Net total of Illinois stamped cigarettes shipped into Illinois (from Schedule CL) | 12 _____, _____, _____ |
| 13 Multiply Line 12 by the appropriate mill rate. This is the value of Illinois stamps affixed to cigarettes you sold. | 13 \$ _____ |

Step 3: Report your Illinois cigarette revenue stamp usage

- | | Dollar value |
|---|--------------|
| 14 Value of all stamps on hand at the beginning of the month | 14 \$ _____ |
| 15 Value of unaffixed stamps transferred from another licensed distributor | 15 \$ _____ |
| 16 Value of stamps purchased during the month (from Schedule CF-1, Step 2) | 16 \$ _____ |
| 17 Multiply Step 2, Line 8, by the appropriate mill rate. This is the value of stamps affixed when purchased. | 17 \$ _____ |
| 18 Add Lines 14, 15, 16, and 17. This is the value of stamps on hand at the beginning of the month plus any purchases made during the month. | 18 \$ _____ |
| 19 Value of unaffixed stamps transferred to another licensed distributor | 19 \$ _____ |
| 20 Value of stamps returned for credit | 20 \$ _____ |
| 21 Add Lines 19 and 20. This is your total deductions. | 21 \$ _____ |
| 22 Subtract Line 21 from Line 18. This is the total value of stamps to be accounted for. | 22 \$ _____ |
| 23 Value of affixed stamps on hand at the end of the month (from Schedule CF, Part 3a) | 23 \$ _____ |
| 24 Value of unaffixed stamps on hand at the end of the month (from Schedule CF, Part 3b) | 24 \$ _____ |
| 25 Add Lines 23 and 24. This is the value of all stamps on hand at the end of the month. | 25 \$ _____ |
| 26 Subtract Line 25 from Line 22. This is the value of affixed stamps sold during the month. | 26 \$ _____ |

Step 4: Sign below

Under penalties of perjury, I state that I have examined this return and all accompanying schedules and, to the best of my knowledge, it is true, correct, and complete. I also state that such information is taken from the books and records of the business for which this return is filed.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title)

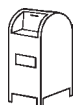
Title: _____ (____)____-____/____/____
Telephone number (include area code) Date

Preparer's signature and title (state if individual owner, member of firm, or corporate officer title)

Title: _____ (____)____-____/____/____
Telephone number (include area code) Date

Step 5: Mail your return

Mail your completed Form RC-6-A and attachments to

**LIQUOR AND CIGARETTE TAX SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019**